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PHYSICIAN

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesman, (b) Grovery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of tungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," ctc. State cause for which birth or miscarriage as "Puerpenal septichumia, mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), lapse," "Coma," "Convulsions," chomicumonia (secondary), 10 ds. Never report mere ges, perilonaeum, etc., Carcinonio, Sorcoma, etc., of..... Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning; ete., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic volvulor heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of head—homicide; Poisoned by carbolic acid—probably rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull, The contributory (secondary or intereur-"Dropsy," "Exhaustion, "Debility" ("Con-



V. S. No. 1.

Village of the String Jah (No. C. 8.0.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hasnital or institution
2 FULL NAME Charles H	Beale give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WILDOWED OR DIVORCEO OR DIVORCEO (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month); (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) 7 AGE (Day) (Day) (Day)	that I last saw h alive on 191, and that death occurred on the date stated above, at
a occupation (a) Trade, profession, or particular kind of work Barler	The CAUSE OF DEATH * was as follows: Accepted to Cause in Some Cause
(b) General nature of Industry business, or establishment in which emplayed (or emplayer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER JOURS BEALE 11 BIRTHPLACE OF FATHER (State or country) (State or country) 12 MAIOEN NAME	(Signed)
of Mother Many Servings 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 18-3 RUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death?
(Informant) Mary 13 Eale (Address) sumbuland, Ind	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Alleany Co. Cem Jay 4, 191.5
Filed July 14, 1815 Sward and Registran	Laurs Stem City

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer." etc., mobile factory. mill; (a) Salesman, (b) Crocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freeman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at lome, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull surgical operation was undertaken. For violent deaths birth head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Struck by railway train—accident; Revolver wound of "Heart failure," "Heemorrhage," "Inanition," "Maras-Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. eough; Chronic valvular heurt disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measter; Whooping ges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of., (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Urnemia," "Weakness, or miscarriage as Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Puenperal septicharmia," "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL,



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County A Lagrange A L	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City No. Pylome 2 FULL NAME TO BM No. 1 Nere	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male - Willowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Youth) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than 1 day,hrs ds. ORmin. ?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Accidental Drawn
(b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Guestion) yrs, mos ds
of way Serge	(Signed) At Skaw Carpul M. O. (Cult & 1918 (Address Crimbal and
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHERO OF MOTHERO	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place for deathyrsmosds. State,yrsmosds.
(Informant) Charles Mennage	If not at place of death? Former or: usual residence Cuic roul Jacob Pa
(Address) (Lygin og Va) 15 L Dib Al L	19 PRACE OF BURIAL OR REMOVAL DATE OF BURIAL Ludiama, Pa, 1911
Filed July 7, 1917/14 Year Old REGISTRAR If more blanks are needed, address State Registrar,	20 UNDERTAKER 4. S. Buttle 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSKLANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Ocunty allegary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Agenthar Aline 2FULL NAME Boseby. M.	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married or Divorced (Write the word)	(Morth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
September 3rd, 1857 (Month) (Day (Year)	that I last saw h wallve on new ,191
occupation if LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or Car Rumper (b) General nature of industry, business, or establishment in which employed (or employer)	Coursed by fall of Colorest (Duration) yrs mos ds.
State or country) West Virginia	Secondary (Duration) yrs
10 NAME OF Thomas Carr 11 BIRTHPLACE OF FATHER (State or country) England	(Signed) A Phan Caroll, W.D. State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME Jane Monday OF MOTHER OF MOTHER (State or country) Was Virginia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds
(Informant) Lettilary Lancaster (Address) External Mines Me	Where was disease contracted, It not at place of death? Former or usual residence
Filed 191 REGISTRAR	SUNDERTAKER Plate Front Surrall
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Rednesting V. S. No. 1.

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STATE OF MARYLAND

CERTIFICATE OF DEATH

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write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm luborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Solesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. For many occupations a single word or term on the -Coal mine, ctc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitiol on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping birth or miscarriage as Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Puerperal septichaemia,



BINDING

FOR

RESERVED

	PLACE OF DEATH	STATE OF MARYLAND
	County Megany	CERTIFICATE OF DEATH Registration Dist. No.
	Village or City Cumbol (No. 116 Mas	[If death eccurred in a hispital er institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	Male While (Write the word)	16 DATE OF DEATH July 25, 1915 (Month) (Day) (Year)
ertiticat	8 DATE OF BIRTH Sec 28, 1842 (Month) (Day) (Year)	that I fast saw how alive on Suly 2 % 1915.
Dack of c	7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 4.9 m. The CAUSE OF DEATH * was as follows:
9 00 800	(a) Trade, profession, or particular kind of work Cerfsenter (b) General nature of Industry	acute Rocher Piceumina
Instruce	business, or establishment in which employed (or employer) Bout Builder BIRTHPLACE (State or country)	Contributory Secondary Secondary Secondary
mportant. See	11 BIRTHPLACE OF FATHER State or country) 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Address) (Add
Old is very in	of Mother May Mehan 13 BIRTHPLACE OF MOTHER (State or country) Ireland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place for the factor of death from the factor of the fac
O PAIL	(Infermant) Fulia Coffey (Address) Cumberland	Former or usual residence
5	FREUL 26 1915, 191 MAX JULIAN REGISTRAR	Lonis Stein Limbed
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

11007

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") inqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition, genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping or miscarriage The nature of the injury, as fracture of skull The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never "Exhaustion," report mere



V. S. No. 1.

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	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY should state CAUSE OF DEATH in plain terms, so that it may be properly classified. ExiOCCUPATION is very important. See instructions on back of certificate.
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V. S. NO. I.	-
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PHYSICIANS act statement of

PLACE OF DEATH 11008 County Clayang (No. ,)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLDR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Youth) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
OATE OF BIRTH (Month) (Day) (Year)	,, 191, to, 191 , that I last saw halive on
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) yrs mos ds. Contributory Secondary
10 NAME OF FATHER OF COLE 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER POPULATION PARTIES OF MOTHER POPULATION 14 MAIDEN NAME OF MOTHER POPULATION 15 MAIDEN NAME OF MOTHER POPULATION 16 MOTHER POPULATION 17 MAIDEN NAME OF MOTHER POPULATION 18 MAIDEN NAME OF MOTHER POPULATION 19 MAIDEN NAME OF MOTHER POPULATION 10 MAIDEN NAME OF MOTHER POPULATION 11 BIRTHPLACE OF MOTHER POPULATION 12 MAIDEN NAME OF MOTHER POPULATION 13 MAIDEN NAME OF MOTHER POPULATION 14 MAIDEN NAME OF MOTHER POPULATION 15 MAIDEN NAME OF MOTHER POPULATION 16 MAIDEN NAME OF MOTHER POPULATION 17 MAIDEN NAME OF MOTHER POPULATION 18 MAIDEN NAME OF MOTHER POPULATION 19 MAIDEN NAME OF MOTHER POPULATION 19 MAIDEN NAME OF MOTHER POPULATION 10 MAIDEN NAME OF MOTHER POPULATION 10 MAIDEN NAME OF MOTHER POPULATION 10 MAIDEN NAME OF MOTHER POPULATION 11 MAIDEN NAME OF MOTHER POPULATION 12 MAIDEN NAME OF MOTHER POPULATION 13 MAIDEN NAME OF MOTHER POPULATION 14 MAIDEN NAME OF MOTHER POPULATION 15 MAIDEN NAME OF MOTHER POPULATION 16 MAIDEN NAME OF MOTHER POPULATION 17 MAIDEN NAME OF MOTHER POPULATION 18 MAIDEN NAME OF MOTHER POPULATION	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place in the of death yrs. mos. ds. State, yrs. mos. ds. Where wes disease contracted, if not at place of death? Former or usual residence
(Address) Bet Singhist 15 Filed July 8, 1915 Fashing had 2000 BEDISTRAR	19 PLACE OF BURIAL DR REMOVAL AND STATE OF BURIAL ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully mill; (a) Salesman, (b) Crocery; (a) Foreman, write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. "Foreman," "Manager," "Dealer," etc., mabile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Locomotive engineer, If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosts of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," "Puenperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumania (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic inderstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-Never report mere septichaemia," ACCIDENTAL,



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

11

1 PLACE OF DEATH 11009	STATE OF MARYLAND
County alley Co.	CERTIFICATE OF DEATH
1	Registration Dist. No.
Village or City Hostony (No. Mines	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 OATE OF DEATH
MARRIED, WIDOWED OR OLVORGEO (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
1094	1/00 21
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 24 m.
1 day, hrs.	The CAUSE OF DEATH * was as follows:
yrsds. OR min.?	- Run over for a tack tong
(a) Trade, profession, or Mener (Cral)	Trace
particular kind of work (b) General nature of industry	Steel in 2/2 hours
business, or establishment in which employed (or employer)	(Ouration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory
Tracy	- (Duration) mosds.
10 NAME OF FATHER Soul - Know	(Signed) Druffeth M.C., M. O.
State or country) Soul Know	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
C 12 MAIDEN NAME	SUICIDAL OF HOMICIDAL.
OF MOTHER Soul - Known	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OF MOTHER Soul-Know	of death ds. State, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Frustly Rel
(Informant) Self-befordeella	Former or Eakhal - The (
(Million)	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
(Address)	trostoury Md. July 29, 1915
Flee fully 20, 1912 Les Le Correction	20 UNDERTAKER ADDRESS
REGISTRAR	Jacov Mafer Grostburg, Md.
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Doy lubover, Farm laborer, Loborer mill; (a) Salesmon, (b) Grocery; (a) Faremon, (b) Aulais provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Collon Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Caal mine, etc. Women at home, who are engaged in Statement of Occupation-Precisc statement of occupathe second statement. Housework, or At Home, and children, not gainfully For persons who have no occupation whatever The material worked on may form part Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumania, Bronchopneumonia ("Pneumonia," Lobar pneumania, indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, Struck by railway troin-accident; Revolver surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL seplichurmia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," head-homicide; Poisoned to determine definitely. Examples: Accidental drawning; etc., when a definite disease can be ascertained as the genital," "Senile," etc.), lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. The contributory (secondary or intercurcough; Chronie valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from childby corbolic acid-prabably "Dropsy," "Atrophy," "Exhaustion, important. wound of



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred is a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINCLE 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 1910 WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS fhan and that death occurred on the date stated above, a 1 dayhrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishmeat in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE ..., 191 5... (Address) ... OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) yrs. mos Where was disease contracted. If not at place of death? usuai residence PLACE OF BURIAL REMOVAL DATE OF BURIAL (Address)..... 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Scnile," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Brouchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of etc.), "Dropsy," "Exhaustion," The nature of the Never report



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Gounty Allegany.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Lang Jane (No (No)	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single, Wisher OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
July & 1833. (Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Farm de Daralyses
(b) General nature of Industry, Dusiness, or establishment in which amployed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Macy love of	Secondary (Quration) yrs mos ds.
10 NAME OF FATHER Language Marris	(Signed) Plan (Alagana, M. D.
11 BIRTHPLACE OF FATHER (State or country) Pulling Thomas MIN 12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Reference Deals	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPIRATE
13 BIRTHPLACE OF MOTHER (State or country) Washing Br. Md	At place in the of death yrs mos ds. State yrs mos ds
(Informant) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Liney Inow Mc	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Since Plains ME, Church full 3/ 13154
Filed Lift 30, 1915: J. L. Hann REGISTRAR	20 UNDERTAKER ADDRESS Pargle Par
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (seeondary or intercurrent) For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG \$ 1915 BUREAU, V.S.

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1 116

PLACE OF DEATH 11012	STATE OF MARYLAND
County alleg	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cumberland (No. 356)	Seaford St.: Ward) [If death occurred in
Village or City (No. 30 C)	a nospital or institution,
2 FILL NAME Carroll M D	give its NAME instead of street and number.]
² FULL NAME WOOD TO W	-W/S
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH
o male Colored WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
	I HEREBY CERTIFY, That Lattended deceased from
6 DATE OF BIRTH 10, 1915 (Month) (Day), 1915	May 1000, 1915, to 1914, 1915
(Month) (Day) (Year)	that last saw h Mualive on 11 11, 1, 1913.
7 AGE If LESS than	and that death occurred on the date stated above, at
yrs. I dos. 2 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
The first of the state of the s	(No secole so the sale
particular kind of work (b) General nature of industry	
business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country).	Secondary Susuffly Secondary
· /Nu:	uninstance tastimularo inos I do
10 NAME OF John C. Davis	(Signate Stingfly Spants)
E 0 11	MILLE 19 5 (Addres) Sunfee Land 140
State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIQLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, GUICIDAL OF HOMICIDAL.
E MAIDEN NAME	
2 2 Vall Vashuegun	
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State, yrs. mos. ds.
Z 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Former or
(Informant)	usual residencs
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 556 Seaffact	20 mars Cliu Janasses, 191
Filed 11 3 19 161	20 UNDERTAKER ADDRESS
REGISTRAR	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more blanks are preded, address State Registrar,	10 11, Dataloga Du, Dattor, Reducesting 1. C. 110. 1.

[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager." "Deder," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary firemon, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, c. g., Former or Plonter, Physiapplies to each and every person, irrespective business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from (b) Autoof age. Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiñal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. suicide. The nature of the injury, as fracture of skull, head-homicide; Poisand by carbolic acid-probably Struck by railway train-occident; Revolver wound of SUICIDAL, or HOMICIDES. or as probably such, if impossible state MEANS OF INITIAL and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL perilondis." mus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convn genital," "Senile." etc.), to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the "Heart failure," "He enorthage," "Inanition," "Maras-"An ıçmia" (merely symptomatic), "Atrophy," "Colliapse," "Coma,", "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Meosles (disense causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valences heart disease; Chronic interstitud ges, perilonueum, etc., Carrinoma, Sorcoma, etc., of ... (name origin; "Canrer" is less definite; avoid "Tumor" for malignant neoplasms); Measles; Whooping or miscarrage Always quality all diseases resulting from child-The contributory (secondary or intercur-E. scpsis, tetanus) may be stated os "Puerperal septichuemia, is less definite; avoid use of etc. State cause for which "Dropsy," (Recommendations "Exhaustion,



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY, RHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH

ent of	County Ally any	STATE OF MARYLAND CERTIFICATE OF DEATH
Exact statem	Village or City Embuland (No. 5 , A) 2 FULL NAME Frunk Daor	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
fled.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
properly classiertificate.	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORDED OR DIVO	16 DATE OF DEATH July Z 6 1915 Month) (Day) (Year) 17 HEREBY CERTIFY, that I attended deceased from July 191 5 to 5 1915 That I last saw h afive on 2 3 1915
so that it may be ons on back of ce	7 AGE If LESS than 1 day, hrs. OR min.? B OCCUPATION (a) Trade, profession, or particular kind of work accurate (b) General nature of ladystry	and that death occurred on the date stated above, at 3 P, m. The CAUSE OF DEATH * was as follows:
ain terms, e instructi	business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
DEATH in plain t nportant. See ins	10 NAME OF FATHER Sant Knus 11 BIRTHPLACE OF FATHER (State or country) W 12 MAIDEN NAME	(Signed) According to the Causing Death, or, in deaths from Viglent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicioal or Homicinal.
te CAUSE OF ION is very in	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mes. d.s. Slate, yrs. mes. d.s. Where wes disease controcted, life to at place of death and the slate, which is the slate of death and the slate of the slate of death and the slate of death an
should state CA	(Address) But and age (Address) But and age 16 Filed J 2.8. 1915 191 REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LES GUAGE O UNDERTAKER LOUIS STEIN DATE OF BURIAL ADDRESS LOUIS STEIN DATE OF BURIAL ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmobile factory. especially in industrial employments, it is necessary to For many occupations a single word or term on the Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Never return If retired from without more "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. eause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mer symptoms or terminal eonditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) or miscarriage by railway train-accident; Revolver "Senile," etc.), as "Puerperal seplicharmia," "Dropsy," State cause for which "Exhaustion," report mere to punon



l libi	LAVE OF DEATH	1	STATE OF MA	RYLAND
County &	ellegan lo.		CERTIFICATE O	
				11-
	(1/4 / / 1.60	1	Registration D	ist. No.
Village or	City July (No. C)	10, ma	St.; (D. Ward)	[If death occurred in a hospital or institution.
	Thed If made	BAR		give its NAME instead
	2 FULL NAME TO A CO	015		of street and number.]
PI	ERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OF RACE 5 SINGLE, MARRIED, MA		16 DATE OF DEATH	, _ ,-
Mele	WIDOWED OR DIVORCED (Write the word)	Tried	(Month)	(Day) , 1915 (Year)
6 DATE OF			17 1/1 HEREBY CERTIFY, That ! at	
444C 11	1 Anterior	1 80	, 191 , to	, 191
	(Month) (Day)	, 0.7.0 Ørear)	that I last saw h alive on	, 191,
7 AGE		If LESS than	and that death occurred on the date st	ated above, at 5 8 m.
	25 yrs mos ds.	1 day, hrs.	The CAUSE OF DEATH & was of Tout	ws:
4-OCCUPA	TION	. , ,	terrefled of	
particular	profession, or kind of work		11 10 10 10	ecident
(h) Gener	al nature of Industry or establishment in		Juice 2 18 4 6.1	Y. T. fram
which empl	loyed (or employer)		(Duration)	yrs mosds.
State	LACE or country)		Contributory	**************************************
	Увишия С	1/1/4	(Betation)	yrsmosds
F	AME OF ATHER		(Signed) Olsse St. Show	r.·Carault M.O.
Ø 11 BH	RTHPLACE	97	5 Quely 8, 191 / (Address) Pcc	molol rich
Z OI BIL	State or country)	400	State the Disease Causino Death, or, Causes, state (1) Means of Injury; and Suicidal or Homeidal.	in deaths from VIOLENT
C 12 MA	AIDEN NAME		Suicidal or Homicidal.	(2) whether Accidental,
0	1 Letters W	•	18 LENGTH OF RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANSIENTS,
O.	RTHPLACE F MOTHER State or country	1	At place	
	OVE IS TRUE TO THE HEST OF MY KNOWLED	P. V.On	of death	yrsds. ds.
	A A A	7	if not at place of death?	
(Informat		LR.	usuel residence	
(Ac	dress) Laccades	Vela	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	0 Max 1, 9/10		Vacuus Ill as	191
Filed J.W.	5 , 191 //WWW	N	20 UNDERTAKEN	ADDRESS
		REGISTRAR	July Jell Vall	recy
0.	If more blanks are needed, address Sta	ate Registrar, 10	6 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Consus and American Public Health Association.]

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless "Tumor" for malignant neoplasins); Measles; (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, Always qualify all diseases resulting from childrailway train-accident; Revolver wound of (secondary), 10 ds. The contributory (secondary or intercur-"Shoek," "Uracinia," "Weakness, by carbolic acid-probably "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," unportant. Whooping



Village or City Cumberland (No. 128, 3) 2 FULL NAME 2 FULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH MAY 21 1872	Month) (Day), 1915. Month) (Day), (Year) 17 HEREBY CERTIFY, That I attended deceased from 1915, to 1915, to 1915.
7 AGE (Month) (Day) (Year) 1 t LESS than 1 day, hrs. OR min.?	that I last saw h alive on 191.5, and that death occurred on the date stated above, at 3.6, m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER P. G. Piper 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MARGARET LORINGE OF MOTHER OF MOTHER (State or country)	(Signed) (Signed) (Signed) (State the Disease Causing Death, or, til deaths from Violent Gauses, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (Blength of Residents) At placs of death yrs. mos. ds. Stats, yrs. mos. ds.
(Address)	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL OUNDERTIMER ADDRESS 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, taken to report specifically the accupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Labarer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, various pursuits can be known. The question For persons who have no occupation whatever, If the occupation has been changed

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (inerely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmenmonia (secondary), 10 ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Publichal septichoemia,"



MARGIN

PHYSICIANS should state of OCCUPATION IS very RECORD Exact statement PERMANENT EXACTLY. stated properly classifled. pe pinous INK-THIS AGE carefully supplied. 90 UNFADING may certificate. that It 80 WITH instructions on back DEATH in plain terms, should PLAINLY, of Information WRITE See L.O Important. Every Ite

PAREN

15

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS



(0)

van

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

MEDICAL CERTIFICATE OF DEATH

I'll death occurred in a hospital or institution, give its NAME Instead of street and number.]

		A		
mak_	A COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVERED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)		
6 DATE OF B	IRTH AMAS 3, 1831 (Month) (Day (Year)	that I last saw h has alive on July 27, 1915.		
7 AGE	8 4 yrs / mos 2 0 ds. It LESS than 1 day, hrs. or min.?	and that death occurred on the data stated above, at 9 m, The CAUSE OF DEATH* was as follows:		
(a) Trade, profe particular kind (b) General nat business, or e which employed	ession, or of work	(Ouration) yrs. mos. ds.		
9 BIRTHPLAC (State or	country) Wales - England	Contributory Secondary		
	HPLACE FATHER. Wales England	(Signed) The Carlos Millare Mills State the DISEASE CAUSING DELTH OF IN deaths from March		

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 FROTH OF PERIDENCE (FOR M.

OR RECENT RESIDENTS)	JI, 11.	POPILIALS, INS	THUTTONS	, IRANSIENT
At place of death yrs mos Where was disease contracted.	ds.	In the State	yrs	mos (

If not at place of death?

Former or nsual residence

BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

DORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specieated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write Nonc. been changed or given up on account of the pisease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," 6

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcincters

thenia," "Anacmla" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, telanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maiigoma, Sarcoma, etc., of..... (name origin; "Canture of the American Mcdicai Association.) ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report ampie: by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," For vio-



Village or City Midland (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or iostitution, give its NAME lostead		
2 FULL NAME Hollow Jose	bh Hair of street and nomber.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Mele Whele 5 single, Mehreed wipower, wipower, (Write the word)	18 DATE OF DEATH (Nonth) (Day (Year) 17 I HEREBY CERTIFY, They attended deceased from		
Month) (Day (Year)	may 1915 to July 12 1915. that I last saw will alive on July 1, 1915		
74 yrs about ds. OR mln.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work (b) General nature of industry,	Augina, Occioris		
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Otheranace Ottener		
10 NAME OF Thomas Fair	(Signed) France (Address) Midland Md		
OF FATHER (State or country) & cottand	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,		
13 BIRTHPLACE OF MOTHER (State or country) Scotland	OR RECENT RESIDENTS) At place in the ot death yrs mos ds Where was disease contracted,		
(Informant) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) The Above IS TRUE TO THE BES	It not at place of death?————————————————————————————————————		
(Address) Medland Ma 16 Filed July 12/1915 J. H. Charles REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Medland fully 14, 1915 20 UNDERTAKER PAIN FORCE OR REALING		
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekceper's cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state oecupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle servlee for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., mia," "I'verperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of "Exhaustlon," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 45 1915
BUREAU, V.S.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Forcman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, menin-

genital," on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uraemia," "Weakness," MEANS OF INJURY and qualify as by "Senile," etc.), "Dropsy," railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," ACCIDENTAL,



11019 QL	Outside of TATE OF MARYLAND CERTIFICATE OF DEATH.
County allegany	City Limits. Registration Dist. No.
Village or City Complex Land (No. Johns.)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME JOUNT JOON.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male State Single, Married, Married, Wildowed OR Divorced (Write the word)	16 DATE OF DEATH Month (Day) (Year) 17 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH 22 1878	July 7 , 1915, to July 17 , 1915
7 AGE (Month) (Day) (Year) 1 t LESS than 1 day,hrs.	and that death occurred on the date stated above, at 6. m
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
OF FATHER Granter Control of the Con	(Signed) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Many Keller 13 BIRTHPLACE OF MOTHER (State or country) Pa	or RECENT RESIDENCE (FOR HOSPITALS, INSETTUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place of death yrs. mos. 70 ds. State, 37 yrs. 8 mos. 26 d Where was disease contracted, 4 days of the state of the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Frisky J. Folk	former or usual residence from the former of usual residence from the former of the fo
(Address) Frostoury M. d.	Joseph Ma Johnson 19 J
Flied MILA 191 5 NOW THE REGISTRAR	Louis Stein bumbd
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

write None. & yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, genital," "Senile," etc.), "Dropsy," "Ex "Heart failure," "Heemorrhage," "Inanition," to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerperal perilonilis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "An temia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness," or miscarriage as "Puerperal septichaemia," by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Exhaustion," wound of



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A

carefully supplied.

DEATH in plain terms, so that it may See instructions on back of certificate.

of information should be

CAUSE OF important.

N.B.

11020

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.

(No. 141/2 Columbia

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead ot street and nomber.]

FULL NAME Hellbar	1/4/1	lo
I OLL ITAIN LANGUAGE		

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	Le White Single, MARRIED, Single widower, or Divorced (Write the word)	(Month) (Day (Year)
DAT	Sely 8, 1915 (Month) (Day (Year)	that I last saw him atter on July 5, 1915
AGE	it LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
(a) Tr	cupation rade, protession, or those cular kind of work	trentering
busine	eneral nature of industry, ss, or establishment in employed (or employer)	(Duration)yrsmos
BIRT (S	State or country) Maryland	Secondary (Borden)
1	ONAME OF Grouse J. Fritts	(Signed) (Boration) yrs mos
	11 BIRTHPLACE OF FATHER (State or country) W. Virginia	*State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injuny; and (2) whether Accide
_	of Mother Edith M. Kernf	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
	OF MOTHER (State or country) W. Winginia	At place In the ot death yrs. mos. state yrs, mos.
	re above is true to the Best of Mykhowlenge formant)	it not at place of death? Former or
5	(Address) Cumberland, Mr.	As matern , 1915
Buld	UL 9 1915 / ax lin Clor	20 UNDERTAKER PAIN ADDRESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of



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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line cion, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more of the second statement. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the -Cool mine, etc. Women at home, who are engaged in Statement of Occupation Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, on account of the disease causing death, son at beginning of illness. The material worked on may form part If the occupation has been changed Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," tobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitud ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated hcad-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL seplichuemia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) to determine definitely. by railway Always qualify all diseases resulting from child-The contributory (secondary or intereurtrain-accident; Revolver wound Examples: Accidental drowning; Never report mere



.—Every item of information should be carefully supplied. AGE should be stated EXACLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exict statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1. N.B.

PLACE OF DEATH 11022	STATE OF MARYLAND CERTIFICATE OF DEATH
County County	Registration Dist. No.
Village of City	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate Single, Married Widowed On Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Sec 6 (Month) (Day) (Year)	that I last saw have alive on sul, 1915,
TAGE 64 yrs. 7 mos. 6 ds. or min.?	and that death occurred on the date stated above, at 437m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	From Mislory mony months (Ouration) yrs. mos. ds.
which employed (or employer) 9 BIRTHPLACE (State or country) Service (State or country)	Contributory Secondary
10 NAME OF FATHER Andrew Itess	(Signed) Fertochasia M. O. Inle 13 1815 (Address eumbelland Mo
C State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Sermany,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Mrs. Charles Hess	If not at place of death?
(Address) Communication of the state of the	Pose Hill Chy July 1915
Filed 191 REGISTRAR If more blanks are needed, address State Registrar	Junis Them Count of 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) 'rocery; (a) Foreman, (b) Auto-"Foreman," "Manager," "Dealer," etc.. cian, Compositor, Architect, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomolive engineer, If retired from without more "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations mus," and consequences (e. g., sepsis, tetenus) may be stated head-homicide; Paisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL birth or miscarriage as "Puerperal septichumia," "Puerperal peritonitis," etc. State eause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heort disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meostes; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shoek," "Uracmia," "Weakness," The nature of the injury, as fracture of skull, "Senile," etc.), The eontributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere



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Instructions

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in -Ward) a hospital or institution. give its NAME Instead of street and nomber.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH MARRIED, WIDOWED, (Month) (Day Write the word) 6 DATE OF BIRTH 50 (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) X yrs. × mos which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

13 BIRTHPLACE OF MOTHER (State or country)

ÓF

(Interment)

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At place In the of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ___ mos. __ Where was disease contracted. It not at place of death?...

Former or usual residence.

OR RECENT RESIDENTS)

OR REMOVAL DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Band, bandle St. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesse of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

Coun	ty alligary	STATE OF MARYLAND CERTIFICATE OF DEATH
· Villag	ge or City Emmbulund (No. West, M. 2 FULL NAME Baile Jan	Registration Dist. No. A Has St.; Ward) [If death occur a hospital or instigive its NAME i of street and nur
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Lau Color or RACE 5 SINGLE, MARRIEO, WIDOWEO OR OIVORCEO (Write the work) Worked	16 OATE OF OEATH (Youth) (Day) 17 / I HEREBY CERTIFY, That I attended decepsed
6 DA	TE OF BIRTH . AMAGAARM 184U	Luly 23 hor5, to July 26th,
7 AG	(Month) (Day) (Year)	and that death occurred on the date stated above, at &
	3.5 yrs Mos ds ds ds min. ?	The CAUSE OF DEATH * was as follows:
par (b) bus whi	Trade, profession, or flouder, which is the control of the control	Contributory Cardine muliffice Secondary
RENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAJOEN NAME	(Signed)
PAR	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS; TRAN OR RECENT RESIDENTS) At place the first the of death yrs. mos. State, Dyrs. mos. Where was disease contracted,
	(Informant) Estate to the BEST OF MY KNOWLEGGE (Address) Estate Blog can de la Marchante Marcha	former or usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
11		20 UNDERTAKER OF GOORESS

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH STATE OF MARYLAND 0 6 PHYSICIANS t statement o CERTIFICATE OF DEATH. Registration Dist. No. lif death occurred in a hospital or institution, give its NAME Instead of street and number. I assified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 3 SEX COLOR OR RACE stated MARRIED, WIDOWED (Year) O OR DIVORCED properly certificate That I attended deceased from 6 DATE OF BIRTH should (Day) pe (Month) If LESS than 40 7 AGE may 1 day, hrs. CK G OR min.? 4 that 8 OCCUPATION 50 supplied (a) Trade, profession, or Suc particular kind of work 20 b) General nature of Industry business, or establishment in term which employed (or employer) 9 BIRTHPLACE (State or country) See 10 NAME OF be FATHER C pino important. 11 BIRTHPLACE RENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, ٩ (State or country) W SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER matic E OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the S OF MOTHER Stete,ds. of deathyrs.mos.ds. (State or country) 0 Should state CAI Where was disease contracted, If not al place of death?.. Former or (Informanf) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address' لية.191 ... 20 UNDERTAKER ADDRESS REGISTRAR ż If more blanks age deeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

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If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 3 1915

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:- Ward)

Fif death occurred in a hospital or institution. give Its NAME Instead of street and number.]

DATE OF BURIAL

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APPRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, Month' (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191..... alive on (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. DEATH* was as follows: OR-min ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Buration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ____ yrs. ___ __ mos. __ State _____ yrs. __ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?-Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. I.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Consus and American Public Health Association.]

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No. 202

RECORD classified. properly See instructions on back of information shall DEATH in plain WRITE CAUSE OF Important.

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PARENTS

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PLACE OF DEATH	1102	7
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illage or City Olea	<u> </u>	No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

Ilt death occurred in a hospital or institution,

2 FULL NAME Courad Ka	mmacef of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale white Single, Married Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (I) ay (Year) 17 18 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw hice allve on July 3 rd, 1915.
66 yrs 8 mos 0 ds. OR min.?	and that death occurred on the date stated above, at
a) Trade, profession, or articular kind of work	and the second
) General nature of Industry, siness, or establishment in hich employed (or employer)	(Duration) yrs 3 hours
(State or country) Lermany	Secondary (Buration) yrs mes ds
11 BIRTHPLACE OF FATHER (State or country) Lermany	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address)
13 BIRTHPLACE OF MOTHER (State or country) Lemman	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death

Former or

REGISTRAR

of death yrs. mos.

Where was disease contracted,

if not at place of death? ...

If more blanks are needed, address State Registrar, 6/E/Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie ccr" is less defiuite; avoid use of "Tumor" for maligture of the American Medical Association.) such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS, A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

IANS	PLACE OF DEATH 11028	STATE OF MARYLAND
CIA	County County	CERTIFICATE OF DEATH
HYSL	0.0.1.0	Registration Dist. No.
Exact	Village or City Cumus No. 8 Thomas	S. Kesser [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXAC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ated	Male White 5 SINGLE, MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
should be sta / be properly f certificate.	6 DATE OF BIRTH Sept 26, 185 (Youth) (Day) (Year)	that I last saw h malive on July 17, 1913,
AGE sh it may b back of c	7 AGE If LESS that 1 day, hrs OR min.?	The CAUSE OF DEATH & was as follows:
supplied. s, so that tions on t	(a) Trade, profession, or particular kind of work. Contractor	Jalennia artes
y sul ms, s uctio	(b) General nature of Industry business, or establishment in which employed (or employer)	(Buration) 3 7 yrs. — mos. — ds.
carefully supplain terms,	9 BIRTHPLACE (State or country)	Contributory Secondary (Buratian) vrs. mes. ds.
d c	10 NAME OF Bartholomew Kear	R & marchling
EATH portant	State or country) Ireland	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
in Di	of MOTHER Ellew Rhius	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
information in information is very	13 BIRTHPLACE OF MOTHER (State or country) Ireland	OR RECENT RESIDENTS) At place of death yrs. mos. ds. Stata, yrs. mos. ds. Where was disease contracted,
te C	(Informant) Mys Homas Kear	if not at place of death?
Every iten should sta OCCUPAT	(Address) Combol Ind	Is PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE O
N. BE	Filed UL 1.5 19 161 ANY MARKET REGISTRAR	Jane Siene Paddress
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foremen," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—('oal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planler, Physition is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letonus) may be stated head-homicide; Poisoned by carbolic Meid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Ursemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (nerely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valendar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For Violent Deatus "PUERPERAL peritonitis," etc. birth or misearriage etc., when a definite disease can be ascertained as the "Heart failure," "Ilacmorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of cause. by railway Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercuitrain-accident; Revolver as "Puerperal septichaemia," State cause for which Never report mere "Exhaustion," ACCIDENTAL, fo punon



County All goldy Village or City Hestershot (No. 12)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Holde S SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH LINT Slewer 1	16 DATE OF DEATH 7 - 4 , 1915 - (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915 - to 7 - 4 1915 -
7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at 4-12 m. The CAUSE OF DEATH * was as follows:
(a) Frade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yrs. mos. / ds.
9 BIRTHPLACE (State or country)	Contributory Secondary Durelion yrs mos ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MOTHER 15 MOTHER 16 MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE!	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place of deathyrsmosds. State,yrsmosds. Where wes disease contracted,
(Informant) Miss Mary Keine	If not et place of death ? Former or usuel residence
(Address) Hesternfrsh W.D. 15 Filed July 7-, 1913-Mallaugh REGISTRAR	Misterist Md DATE OF BURIAL Misterist Md 7 = 8 20 UNDERTAKER Mrs & Florian on Herbanter Credmonth
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Caok, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer. Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Fealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal minc, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Women at home, who are engaged in At home. Care should be Lacomative engineer, Civil If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisaned by carbolic acid-Struck by railway train-accident; Revolver wound of mus," to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICINAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uramia," "Weakness," genital," "Senile," "Annemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless Example: Measles (disease causing death), 29 ds.; Brownephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercuretc.), "PUERPERAL septicharmia," "Eropsy," "Atrophy," "Exhaustion," important. -probably ("Con-

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AUG 61915
BUREAU, V.S.

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in doinestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Dog laborer, Form laborer, Loborer mill; (a) Salesman, (b) Grocery; (a) Foreman, "Foreman," "Manager," "Pealer," etc., without more of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths Struck by railway train-overident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Puenperal septichaemia," "Dropsy," Never report mere "Exhaustion,"



/	PLACE OF DEATH 11031	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Megany	Registration Dist. No.
	Village or City Ceruforland (No. 98, De	Ward) [If dealh occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	married, Single, MARRIED, Suigle White White (Write the word)	16 OATE OF OEATH (Month) (Day) (Year)
cruicate	G DATE OF BIRTH Grand (Moth) (Day) , 1892 (Moth) (Day)	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 1915, 1915, that I last saw have alive on July 1913,
DECK OF C	7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 234m. The CAUSE OF DEATH * was as follows:
uo suo	8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Constal nature of Industrial	Scarlet Kerer
netio	(b) General nature of industry business, or establishment in which employed (or employer)	(Burstion)
e instr	9 BIRTHPLACE (State or country) WVa	Secondary (Quration) mos. 3 ds.
חל. טפ	on 11 January Jelleine	(Signed) State State Solicit, M. D.
nporta	TENTHPRACE OF FATHER (State or country) 12 MAIOEN NAME 12 MAIOEN NAME 13 MAIOEN NAME 14 MAIOEN NAME 15 MAIOEN NAME 16 MAIOEN NAME 17 MAIOEN NAME 18 MAIOEN NAME 18 MAIOEN NAME 19 MAIOEN NAME 10 MAIOEN NAME 10 MAIOEN NAME 10 MAIOEN NAME 10 MAIOEN NAME 11 MAIOEN NAME 12 MAIOEN NAME 12 MAIOEN NAME 13 MAIOEN NAME 14 MAIOEN NAME 15 MAIOEN NAME 16 MAIOEN NAME 17 MAIOEN NAME 17 MAIOEN NAME 18 MA	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
N is very in	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
0 0	(Informant) doncis Klein	Former or usual residence
CCUPAI	(Address) 98 Bedfad St	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 12, 191.5
0	Flied UL 12 191191 All Litter REGISTRAR	Tous Slew Sty
100	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed enguged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Namo, first, the disease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated heod-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if inpossible surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as birth genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthonia," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... etc., when a definite disease can be ascertained as the "Heart failure," "H: emorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronie valvulor heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; mame origin; "Caneer" is less definite; avoid use of or miscarriage Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puerperal septiehoemia," "Dropsy," "Exhaustion," Never report mere ACCIDENTAL,



V. S. No. 1.

RECORD PERMANENT N UNFADING suppli

STATE OF MARYLAND CERTIFICATE OF DEATH should is Registration Dist. No. OCCUPATION It death occurred inWard) a hospital or institution. give its NAME Instead of street and number.] ŏ PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) 1 (Month) 7 AGE If LESS than 1 day hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Deration 10 NAME OF FATHER (Signed) 0 back PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME ATH in plain instructions OF MOTHER 6 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ... State yrs. ____ mos. __ Where was disease contracted. If not at place of death? ā Former or usual residence 0 mportant. OF BURIAL Every 15 20 UNDERTAKER ADDRESS REGISTRAR Freshure Purniture & Undertaine Co If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the odly definite synonym is "Epidemic cerebrospinal medligitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, etc., Carein-

affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by eurbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehueetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Coilapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant peoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



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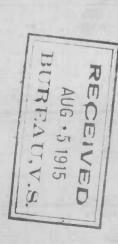
PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No., Ilf death occurred in a hospital or Institution give ifs NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than 1 day.....hrs. OR 7 8 OCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of Industry. business, or establishment in (Duration) which omployed (or omployor) Contributory Secondary (State or country) (Buration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country) _____ yrs. ... State yrs. ____ ds Where was disease confracted. If not at place of death? Former or usual rosidence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 UNDERTAKER ADDRESS Freething Cornibus & Deduction C. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulness. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupatious duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubereulcesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart tailure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Aeeidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary), 10 ds. State cause for "Exhaustion," Never report



UNFADING INK-THIS IS A PERMANENT

RECORD

WRITE PLAINLY, WITH

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B. -

11034 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County.

18/11/2	Registration Dist, No.
Village or City (No, No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
²FULL NAME	yrac
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 [Alegreby Certify, That I attended deceased from
Month) (Day (Year)	that I last saw h un alive on July 26, 1912
7 AGE If LESS than	and that death occurred on the date stated above, at
yrs	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Chualues Diva
(b) General nature of Industry, business, or establishment in which employed (or employer)	2 /u2 (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Chlaul MM	Contributory Secondary Duration yrs mos. (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STREET, and (3) whether ACCIDENTAL STREET, and (4) whether ACCIDENTAL STREET, and (4) whether ACCIDENTAL STREET, and (5) whether ACCIDENTAL STREET, and (6) whether ACCIDENTA
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SESCIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs. mes. ds. State yrs. mes. ds
(Informant) (Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Eddhaut Mal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191 5
Fileds	20 UNDERTAKER ADDRESS M.
REGISTRAR	Talker Tehhart Me
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and equation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar menumonia; Bronchopmeumonia ("Pneumonia," unqualified, is indefinite): Tubereucists of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Auaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: Measles valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenela. "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine defluitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was nudertaken. mia," "PUERFEBAL peritonitis," cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debllity" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 61915
BUREAU.V.H.

V. S. No. 1.

PLACE OF DEATH 11035	STATE OF MARYLAND
county (llegary)	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Usurleland (No. 10)	Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lucle That Single, widowed or Divorces (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH 1915	HEREBY CERTIFY, That I attended deceased from
7 AGE (Monb) (Day) (Year) 1 If LESS than 1 day, hrs. 0R min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Stilltoru.
(b) General nature of Industry business, or establishment in which employed (or employer)	(Ourstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Marylawl	Secondary (Burstian)
10 NAME OF GEORGE A M Langhlini	(Signed) Mal. H. Tolk M. O. Skaley 19 1914 (Address) cucher, the pull
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER Will As Civille	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At piace In the af death
(Informant) This It Com, M.D.	Former or usual residence
(Address) Comberland Ird	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Island 19 191 J May Sullan REGISTRAR	20 UNDERTAKER Mollord Cumb, My
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None business, that fact may be indicated thus: Farmer (retired Housemoid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile foctory. The material worked on may form part mill; (a) Solesman, (b) Groccry; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Pronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated heod-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless " "Old Age," "Shock," "Uracmia," "Weakness," or miscarriage as "Puerperal septichumia," The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," important.



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RECORD PERMANENT of infor DEATH See inst WRITE OF Every Item CAUSE OF Important.

rmation should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state	In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred is a hospifal or institution. give its NAME Instead

.....Ward) of street and comber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, Succe 3 SEX 16 DATE OF DEATH MARRIED. 191 WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from (Month) (Day Tear) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day,hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country Secondary 10 NAME OF FATHERQ (Signed) ARENTS OFFATHER (State or country *State the DISEASE CAUSING DEATH, or in deaths from Volent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or counted of death _____ yrs. ____ mos. _ State ___ Where was disease contracted. 14 THE ABOVE IS if not at place of death?. Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER AUDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAP

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second addltional line is provided for the latter statement; who have no occupation whatever, write Nonc. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or Industry, and therefore an eases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the misease causing death—Name, first, the misease causing death—Name, first, the misease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles, Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustiou," Meastes (disease eausing death), 29 ds.; (Recommendations on statement of



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Village or City Warrehoster Bridge (No. original Politics) 2 FULL NAME Edward Met	Outside of STATE OF MARYLAND CERTIFICATE OF DEATH City Limits. Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOONED OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Day) (Year) 17 O I HEREBY CERTIFY, That I attended deceased from
TAGE AGE AGE Month) CDay) (Year) TAGE	that I last saw have alive on July 2/ ,1915, and that death occurred on the date stated above, at 200mm.
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	The CAUSE OF BEATH * was as follows: Lohonic Mephrilis (Wraenice) (Buratton) / yrs mos ds.
(State or country) 10 NAME OF FATHER Se not flow	Secondary (Deration) Tyrs. mos. ds. (Signed) The following Mind. All 24, 1915 (Address) CAUSES, state the DISFASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mas Asma Manda	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mes. ds. State, yrs. mos. ds. Where was disease contrasted, if not at place of death? Former or usual residence
(Address) R. FD. Bx 48 bymtd 15 16 17 18 18 191 191 191 191 191 191 191 191 1	Jennow Julieran July 15., 191.5. 20 UNDERTAKER Low Stein Bequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

is provided for the latter statement; it should be used of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever Architect, Locomolive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puenpenal septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Struck by railway train—accident; Revolver wound of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Meastes; Whooping "Dropsy," "Exhaustion," Never report mere important.



	PLACE OF DEATH 11038	STATE OF MARYLAND CERTIFICATE OF DEATH
	ounty out of	Q q
1	illage or City Trostouro (No/30 M)	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	MARRIED, MARRIED, MARRIED, MARRIED, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (May) (Year) 17 I HEREBY CERTIFY, That lattended deceased from (19) (1
-	(Month) (Dsy) (Year) (AGE about 60 yrs mos ds OR min.?	that I last saw he alive on fully 3 1915, and that death occurred on the date stated above, at 19 m. The GAUSE OF DEATH was as follows: Yain at musis - britishly due
1	particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Liabettis Mellitas Secondary
	10 NAME OF FATHER Steve Service 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME 12 MAIDEN NAME	(Sign)d)
	of Mother 1 of Jenour 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	(Informant) & Tromas Mutebull	if not at place of death? Former or usual residence
	Filed fully 9, 1915 D. J. Courvy REGISTRAN	Megary em judy 11, 1915 20 INDERTAKER FIRST STATES PROSTORES PROSTORES PROSTORES
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Hausethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Labarer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--('oal mine, etc. various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Aulaof age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labur pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubereulosis of lungs, menin-

sticidat, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: cause. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound at state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. birth or miscarriage as "Puenperal septichaemia," "Puenperal peritonitis," etc. State cause for which "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracuia," "Weakness," suicide. The nature of the injury, as fracture of skull etc., when a definite disease can be ascertained as: the genital," "Senile," etc.), chopneumonia (secondary), 10 ds. symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whoaping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"PUERPERAL septichaemia, "Dropsy," "Uracmia," "Weakness, FOR VIOLENT DEATHS Never report mere "Exhaustion,



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PHYSICIANS should state t of OCCUPATION Is very

Exact statement of

PERMANENT RECORD

Every Item CAUSE OF Important.

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1 PLACE OF DEATH

1	1	6	3	9	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;... ...Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]

FULL NAME Termane a	louahau
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH July 1915 (Year)
e DATE OF BIRTH Abril 24 (Month) (Day (Year)	that I last saw here allow on July 1 st., 1915.
7 AGE It LESS than 1 day,hrs. OR	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmenf in which employed (or employer)	(Duration) yrs. / mos./4 ds.
9 BIRTHPLACE (State or country) Wayloud	Contributory Secondary
OF STATE Patrick Ularahan 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OTHER OF MOTHER OTHER OTHER OF MOTHER OF MOTHER OTHER OT	(Signed)
of Mother Cathanul Mullu 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE PEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Interment) More More (Address) Mudlace & Md Filed July 3, 1916 - HAP Charles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL William J., 1915 20 UNDERTAKER
Project Page 19 Page 1	a bun 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for important. Never report For vio-



WITH

WRITE

No.

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state Very PHYSICIANS should of OCCUPATION IS RECORD PERMANENT statemen EXACTLY. stated classified. 4 50 should INK-THIS properly AGE supplied. pe UNFADING may certificate. carefully 80 90 be DEATH in plain terms. See instructions on back pinods PLAINLY. of Information item OF Important. Every it 10 ż

BOCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address) ...

PARENTS

15

Filed

(b) General nature of Industry.

business, or establishment in

which employed (or employer)

1 PLACE OF DEATH Village or Cit PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OF RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCEO (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death accurred in

las Maris	a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH	825 1915
(Month)	(Day (Year)
17 LHEREBY CERTIFY, That I at	tended deceased from
1915, to July	48 1 1915
that I last saw h tran alive on July	84. 1915
	1- KP
and that death occurred on the date stated ab	ove, at 6./1. m
The CAUSE OF DEATH* was as follows:	,
Enulis I meus	moua
0=0===================================	ware ♥ 1:1111 and 0 00 0 00 000 00 000 00 00 00 00 00 00

(Duration)	yrs. / mos ds
Contributory Secondary	
(Suration)	. VIS. mos ds
(Signed) Harry W. Harr	1.17.
(Signes)	, M. D.
July , 1519 (Address) Clasto	www.
*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	deaths from VIOLENT (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN: OR RECENT RESIDENTS) At place in the	
usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	ATE OF BURIAL
Dedivon Ma	mly 9, 1915
20 UNDERTAKER	DRESS
4	mostere
0.77	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If LESS than

1 day,.....hrs.

OR min. ?

BEST OF MY KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous As examples: But in many "Foreman," The

Statement of cause of death—Name, first, the nisease causino death—Name, first, the nisease causino death—Name, first, the nisease causino death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can childbirth or miscarriage as "Puerperal septichaetheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Excause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL neritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (seeoudary), 10 ds. Never report ture of the American Medical Association.) "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



	PLACE OF DEATH	STATE OF MARYLAND
Count	allegang	CERTIFICATE OF DEATH
County		Registration Dist. No.
Village	e or City Benderal (No. 49,	(If death occurred in a hospital or institution,
	2 FULL NAME Stree br	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OWNIE the world	16 DATE OF DEATH July 23, 1912 (Month) (Day) (Year)
6 DAT	TE OF BIRTH	17 Ly HEREBY CERTIFY, That Valtended deceased from
	(Month) (Day) (Ye	that I last saw h alive on
7 AGE		and that death occurred on the date stated above, at
	yrs,mos,ds. OR min	
	CUPATION Trade, protession, or	
	Colar kind of work General nature of lodustry	S/ CO WOTH
busin	ness, or establishment in the employed (or employer)	(Durstien) yrs. mos. ds
9 BIR	RTHPLACE (State or country)	Contributory Secondary
	10 NAME OF	(Byratice) yrs. mos de
	FATHER Walter montales	(Signed) , M. 0
15	11 BIRTHPLACE OF FATHER 12 A	Address Mulli (Address)
RENT	(State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether ACCIDENTAL, SUICINAL OF HOMICIDAL.
PAF	OF MOTHER Than and Ring	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
1	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
14	(State or country)	ef death yrs mes ds, Siale, yrs mes ds Where was disease contracted,
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(1	(atorment) Walter Martyfeld	usual residence
	(Address) Completed and m	19 PLACE OF BURIAL OR REMOVAL ** DATE OF BURIAL
16	Max V. Stra	Bether 9 a gray 2th, 1915
	11 24 101 191 Max XX W	20 UNDERTAKER ADDRESS
Filed	REGISTRA	of the state of the

STATE OF MARYLAND

11041

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm labarer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Desler," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, prespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, Stationary firemon, etc. But in many cases, The material worked on may form part Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated SUICIDAL, Or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning; state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenelature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violative deaths birth or miscarriage as "Puerperal Scapulationia," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles: Whooping ," "Old Age," "Shock," "Uracmia." "Weakness." when a definite disease can be ascertained as the by railway Always qualify all diseases resulting from child-The nature of the injury, as fracture of The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere to purnon



PHYSICIANS t statement of .Ward) RECORD EXACT classified PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWEO 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE stated OR DIVORCED pinous pe (Year) (Day) 7 AGE If LESS than may 2 FOR 1 day, hrs. Ö THIS OR min.? A ب o that (a) Trade, profession, or supplied. 02 ons particular kind of work (b) General nature of Industry terms, business, or establishment in UNFADING carefully which employed (or employer) 9 BIRTHPLACE Secondary (State or country) 15 20 0) 10 NAME OF ä E (Signed) ARGIN pino H S 11 BIRTHPLACE ENT OF FATHER (State or country) 4 PLAINLY. O L AR 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER ati 0 EW 13 BIRTHPLACE At place S of infor OF MOTHER (State or country) of death Every item of instance should state CAR CA Where was disease contrasted, if not at place of death?. Former or usual residence 15 20 UNDERTAK m REGISTRAS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

Fif death occorred in a hespitat or institution. give its NAME instead

of street and number. 3 MEDICAL CERTIFICATE OF DEATH (Day) That I attended deceased from eath occurred on the date stated above, at *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL; 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the State. DATE OF BURIAL

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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Groeery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line engineer, Stationary fireman, etc. "Foreman," "Manager," "Dealer," ctc., mobile factory. The material worked on may form part is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever If the occupation has been changed Locomotive engineer, But in many cases, If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia, meningualified, is indefinite); Tubereulosis of lungs, meningualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-Struck by railway train-accident; Revolver wound "PUERPERAL peritonitis," etc. State cause for which "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... to determine definitely. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia, Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Aecidental drowning; Never report mere



PHYSICIANS t statement of EXACTLY. ORD classified stated PERMANENT BINDING properly rtificate. should ce ck of ш back O S d Ī that ed suppli Ш 20 terms, = plai pe = pino ATH M ation 0 ō informa WRITE CAU should state CAI

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED 3 SEX COLOR OR RACE WIDDWED (Mo: (Day) (Year) OR DIVORCED I HEREBY attended deceased from 6 DATE OF BIRTH (Year) (Day) If LESS than 7 AGE and that death occurred on the date stated above, hrs. 1 day. The CAUSE OF DEATH * was as follows: min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry instructi business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER important 11 BIRTHPLACE PARENT OF FATHER
(State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very 13 BIRTHPLACE OF MOTHER (State or country) 0) Where was disease contracted 14 THE ABOVE IS (Informant) usual residence DATE OF BURIAL 15 ADDRESS 20 UNDERDAKER REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, various pursuits can be known. The question For persons who have no occupation whatever Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uracmia," "Weakness," under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... suicide. Struck by railway train-accident; Revolver wound af to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or misearriage cause. "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Brourent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heart discose: Chronic interstitial "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," Never report mere "Exhaustion," Whooping



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

if death occurred in a hospital or institution. give its NAME instead of street and number.]

DATE OF BURIAL

umberly

ADERESS

... 191/5

.Ward)

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH (Month) (Day) (Year)
I HEREBY CERTIFY, That Lattended deceased from July 7, 191 5, 10 July 7, 191 5 at I last saw h 2 dive on July 7, 191 5 and that death occurred on the date stated above, at 6 9 m
(Oursilon) yrs mos d
Contributory Secondary (Durallon) - yrs mos (Durallon) - yrs mos (Durallon) - yrs mos (Address) 2 Durallon State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) It place In tha series of daath most most make the series of daath most most most most most most most most

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Coak employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Faremon, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fremon, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Caul mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, various pursuits can be known. The question For persons who have no occupation whatever Architect, Locomotive If retired from engineer, "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumania. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated on Nomenclature of the American Medical Association.) heod-hamicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by railway train-occident; Revolver wound af to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Brannephritis, etc. cough; Chronic valeular heart discose; Chronic interstitial ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of eause. rent) affection need not be stated unless important. "Tumor" for malignant meoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," The contributory (secondary or intercurete.), "Dropsy," Never report mere "Exhaustion,"



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD RESERVED FOR BINDING 4 UNFADING INK-THIS IS MARGIN WRITE PLAINLY, WITH S. No. 1. N. B.

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/	County allerany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
	Village or City Onaconing (No. Rale	St.;—Ward) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, wind were the word) 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, OR DIVERSED O	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
	(Month) (Day (Year)	that I last saw h alive on July 27, 1915
	7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
	(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Fremalur Birth
	business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) yrs. mos. do
	FATHER The Veilston 11 BIRTHPLACE OF FATHER (State or country) or according 22 Mailen NAME 21	(Signed) July C, H. I. July 27, 1910. (Address) Carenty or, in deaths from Violence Carenty of the Carenty of t
	13 BIRTHPLACE OF MOTHER (State or country) Macow Mills Ma	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN' CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of deathyrsmosds. Stateyrsmosds
	(Intermant) The Rest of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence
	Files My 27, 1915 & Bullock REGISTRAN	Place of Burial or REMOVAL Part of Burial Pa
	II more blanks are needed, address State Regist	rar, 6 E. Frankliu St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yes.) For persons statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the ocenpation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of oeeupa-If retired from business, that fact may be indl-Women at home, who are engaged in the The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) *Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association. canse of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of (seeondary or interenrreut) death), 29 ds.;



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rear limbuland (No. County Pull NAME Infant Ray	Outside CERTIFICATE OF DEATH City Limits. Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Markied, Widowed OR Divorce (Write the word)	16 DATE OF DEATH Suly 31, 1915 (Month) (Day) (Year)
S DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 7/10, 1915, to 7/30, 1915, that I last saw h / alive on 7/30, 1915,
7 AGE It LESS than 1 day, hrs. or mos. 2 ds. or min. ?	and that death occurred on the date stated above, at .5.4m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Congruedal Syphillis
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland	Contributory Secondary (Ouration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (14)	(Signed) Stylett, M. 0. // 3/ 1915 (Address) Causins Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME Mary Rapeuscroft 13 BIRTHPLACE OF MOTHER (State or country)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place the state of th
(Informant) Our Nowledge	Where was disease contracted, for at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed pelly 3/ , 1915 Max Cor Clor	Allegary been July 3! 1915. 20 UNBERTAKER Jours Steen Cours Steen Cours Steen
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably birth or miscarriage as "Puerperal septicharmia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which Callise. "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Browcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere "Atrophy,"



N. B.-Every item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	PLACE OF DEATH 11047	STATE OF MARYLAND
Cour	Telegany 10	CERTIFICATE OF DEATH
	1 25 3	Registration Dist. No.
Villa	ge or City Cum (No. 23, 54.	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH (Mouth) (Day) (Year)
6 DA	Month) (Day) 15 (Year)	that I last saw hy
7 AG	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
(a	yrs. mos. ds. OR min.? CCUPATION 1) Trade, profession, or ricular kind of work	Still Bith
bu:) General nature of industry siness, or establishment in iich empleyed (or employer)	(Buration) yrs. mos. ds,
9 B	(State or country) Maryland.	Contributory Secondary (Buration / yrs. / mos. 4s.
	10 NAME OF FATHER & 21. & Rey nolds	(Signed) Cauliso Servis M. O.
RENTS	11 BIRTUPLACE OF FATHER (State or country) Of the country of the	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PAR	of MOTHER INNIE Sella Rowe.	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
-	13 BIRTHPLACE OF MOTHER (State or country)	At place in the state of death yes mas. ds. State,
	(Informant) Wed With MY KNOWLEDGE	If not at place of death?
	(Address) leumberland, Ind.	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	REGISTRAR	20 UNDERTHAKER CLANTERS (400 RESS
10	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part But in many eases, If retired from without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., scpsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (seeondary), 10 ds. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. or miscarriage as "Puerperal schichaemia," State cause for which Never report mere



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County Registration Dist. No ... if death occurred in St.:Ward) a hospital or institution, give its NAME instead EXACTLY of street and number.] classified MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, 16 DATE OF GEATH 3 SEX 4 COLOR OR RACE stated WICOWED OR OIVORCEO certificate ERTIFY. That I attended deceased from 6 DATE OF BIRTH pino (Day) (Month) If LESS than 7 AGE of may 1 day, hrs. O OR min.? THIS 8 OCCUPATION
(a) Trade, profession, or supplied. instructions particular kind of work. (b) General nature of industry terms, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) plain See in 10 NAME OF 2 pino I 11 BIRTHPLACE RENT OF FATHER State the DISEASE CAUSING DEATH. EA CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 0 12 MAIOEN NAME SUICIDAL OF HOMICIDAL. information PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, Very OR RECENT RESIDENTS 13 BIRTHPLACE Af place OF MOTHER (State or country) WRITE State,yrs.mos.ds. should state CAI Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF if not at plece of death?... Former or (Informant) usual residence (Address) 15 20 UNDERTAK 0 REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health.
Association.]

wife, Housework, or At Hame, and children, not gainfully or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausckeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Tealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auta-

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Outside of	STATE OF MARY	LAND
City Limits.	CERTIFICATE OF	DEATH

Registration Dist. No. if death occurred in Ward) a hospital or institution. give Its NAME instead of street and number.

AODRESS

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) attended deceased was as follows: Contributory Secondary (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS Stats. mos. Where was disease-contracted. If not at piecs of death? Former or usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

UNDERTAKE

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons write None. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekeepers of the second statement. Never return "Laborer." "Foreman," "Manager," "Tealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used cian, Compositor, Architect, Locomative engineer, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Crocery; (a) Foreman, For persons who have no occupation whatever, Women at home, who are engaged in But in many cases, If retired from (b) Auto-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 31915 BUREAU, VIS

PLACE OF DEATH	STATE OF MARYLAND			
della chier	CERTIFICATE OF DEATH			
County County	Postaturia Pira No. VI			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Registration Dist. No.			
Village or City Head (No.	St.; Ward) [if death occurred in			
	a hospital or institution,			
2 FULL NAME Masherine	of street and number.]			
- TOLL WAINE	the thirty had a large and a l			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, AMEL	16 DATE OF DEATH			
Jernale Widowed OR DIVORCED (Write the word)	(Mooth) (Day) (Year)			
	17 HEREBY CERTIFY, That I attended deceased from			
DATE OF BIRTH	July 0 -, 1914, to July 1915,			
(Month) (Day) (Year)	that I last saw h alive on he 18, 1915			
(Month) (Day) (Year) 7 AGE / If LESS than	and that death occurred on the date stated above, at 4.31 An.			
1 day, hrs.				
yrsds. OR min.?	The CAUSE OF DEATH * was as follows:			
8 OCCUPATION 1	Mouls & the Viver			
(a) Trade, profession, or fline Work	fund Jugin was			
. (b) General nature of industry				
business, or establishment in which employed (or employer)	(Durellon) yrs. mos. ds.			
9 BIRTHPLACE	Contributory Mulium			
(State or country)				
10 NAME OF	(Suration) mos ds,			
FATHER Thin Smith	(Signed)			
11 BIRTHPLACE	191. 2 (Address) / My / My / My			
State or country) Milfield	*State the Disease Causing Death, or, in deaths from Violent Causer, state (1) Means of Injury; and (2) whether Accidental,			
OF FATHER OF RATHER (State or country) MILECOLO 12 MAIDEN NAME OF MOTHER OF MOTHER	Suicinal or Homicidal.			
a Very frees	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
13 BIRTHPLACE OF MOTHER (State or country):	At place In the of death yrs, mos. ds. State, yrs, mos. ds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE	Where was disease contracted, 1. 444			
THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	if not at place of death?			
(Informant) Carraid Laves	usual residence			
District To Ha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
(Address)	West of 5 74 & ruly 18 1015			
15 11 13 1 montalle 1K	20 UNDERTAKER APPRESS			
Filed from 1912	May & F. Hystay Pidronh M. 8.			
	The the test of th			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by Struck by railwoy train-accident; Revolver wound to determine definitely. Examples: Accidental drowning: suicidal, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichumia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "H: emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia." "Weakness," cause. Always qualify all diseases resulting from childgenital," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," carbolic acid-probably Never report mere "Atrophy," "Exhaustion," ("Con-



BINDING

FOR

RESERVED

MARGIN

Coun	1 PLACE OF DEATH 11051 ty Clegary ge or City Cumberland, No. 120, S 2 FULL NAME John C. Snyll	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Acoldr or race 5 Single, Married, Widowed or Divorced (Write the word)	16 DATE DF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH 14, 1851	apr 17, 1915, to July 9, 1915; that I last saw him alive on July 6, 1915,
7 AG		and that death occurred on the date stated above, at &m. The CAUSE OF DEATH * was as follows:
par (b	Trade, profession, or Contractor Science in a contractor General nature of industry siness, or establishment in inchemical entire in the contractor Building	(Durailon) yrs. mos. ds.
	RTHPLACE (State or country) 10 NAME DF FATHER 7/	Contributory Secondary (Ouration) yrs. mos ds. (Signed) R.M. C.L.Vackes M. O.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, io deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicioal or Homicidal.
PA	OF MOTHER 13 BIRTHPLACE DF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In tha of death
100	(Informant) Sarah Suyder	Former or usual residence
15 File	REGISTRAR	19 PLACE OF BURIAL DE REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS
	If more blanks are oceded, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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under the head of "Contributory." (Recommendations on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as prabably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaties etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of to determine definitely. Examples: "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "H. emorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Caneer" is less definite; avoid use of or miscurriage "Old Age," "Shock," "Uracmia," "Weakness," etc.), as "Puerperal septichaemia," "Dropsy," carbolic acid-probably State cause for which Accidental drowning; Never report mere "Exhaustion,"



PHYSICIANS t statement of EXACTLY. RECORD classified AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX SINGLE. 4 COLOR OR RACE stated MARRIED, WIDOWED PERMANENT BINDING hould be stabe be properly certificate. OR DIVORCED OF BIRTH should y be pro (Day) (onth) If LESS than 7 AGE it may back of 4-0 1 day 2 hrs. ш O min. ? W to mos. supplied. 20 8 OCCUPATION (a) Trade, profession, or instructions particular kind of work (b) General nature of Industry terms, business, or establishment in UNFADING refully which emplayed (or emplayer) Contributory 9 BIRTHPLACE Secondary C (State or country) COL 0 20 10 NAME OF pe C FATHER MILM onid very important. I S 11 BIRTHPLACE PARENT sho OF FATHER (State or country) PLAINLY, SUICIDAL OF HOMICIDAL 00 12 MAIDEN NAME 0 OF MOTHER of informati OR RECENT RESIDENTS ы 13 BIRTHPLACE At place US. OF MOTHER (State or country) S of death yrs. mes. Where was disease contracted, d should state CA 14 THE ABOVE IS TRUE TO O if net at place of death? Former or item usuel residence Every it Address 15

REGISTRAF

If more blanks are needed, address State Registrate 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..... fif death occurred in a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from did not attend and that death occurred on the date stated above The CAUSE OF DEATH * was as follows: State the DISEASE CAUSING DEATH, or in deaths from VIQUENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, UNSTITUTIONS, TRANSIENTS In the State. DATE OF BURIAL PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS

S. No. 1

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Filed

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material worked on may form part of the second statement. Never return "Laborer," state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and ehildren, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used cion, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many eases, write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed If retired from

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under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee and eonsequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the rent) affection need not be stated unless important. "Tunior" for malignant neoplasms); Measles; Whooping or misearriage as "Puenpenal septichaemia," The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State eause for which Never report mere wound of



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If more blanks upe needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

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on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. head-homicide; Paisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerperal peritonitie," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicharmia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic inderstitud rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," The contributory (secondary or intereur-"Convulsions," etc.), "Dropsy," "Debility" ("Con-Never report mere "Exhaustion,



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3 SEX 4 COLOR OR RACE WHEN HELD WID WED OR DIVORCES (Write the word) DATE OF BIRTH (Nonth) (Day) 15 Contributory Particular like of work (B) General nature of industry Basiness, or establishment in which employed (or employer) 9 BIRTHPLACE OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAJOEN NAME OF FATHER 13 BIRTHPLACE OF FATHER 13 BIRTHPLACE OF FATHER 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 CAMPAN OF BURIAL (Informant) 16 DATE OF DEATH 17 I HEREBY CERTIFY, That Lattended deceased from May 1, 1915, 1915, 1915, 1915, 1915, 1915, 1915, 1915 The CAUSE OF DEATH & was as follows: The CAUSE OF DEATH & was as follows: Contributory Secondary Secondary Secondary Secondary Secondary Secondary 10 INAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER Solution 12 MAJOEN NAME OF MOTHER OF MOTHER (Informant) 13 BIRTHPLACE OF FATHER (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A Blace (Informant) A Blace A Bl	Vittag	1	a hospital or institution,
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(Address) A. F. J. F. Lo. Marie Land Dad Fillows July 23, 1915 Filed 7/22, 1915 Dewett Personal Property of Combensary		11'-0-11 11/100'	Former or usual residence
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[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should state of OCCUPATION is very stated EXACTLY. properly classified. should AGE suppiled.

RECORD

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S. No. 1.

CAUSE OF Important. S

11055

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or institution, give its NAME Instead

FULL NAME James Woods of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Male white (Write the word)	16 DATE OF DEATH JOINT (Day (Year)			
6 DATE OF BIRTH	Jet. 10th 1915 to July 3 4, 1915,			
(Month) (Day (Year)	that I last saw hair ally on July 3 3 1915			
5 13 1 day,hrs.	and that death occurred on the date stated above, at 11/2/1. m, The CAUSE OF DEATH* was as follows:			
S OCCUPATION (a) Trade, profession, or particular kind of work.	Marasmus			
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 3 mos. 21 ds.			
9 BIRTHPLACE (State or country) Manueland	Contributory Secondary			
10 NAME OF FATHER Bernara Woods!	(Signed) (Suration) yrs mos ds.			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN AME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE	At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death?			
(Interment) Mr. Benard Woods	Former or usual residence.			
(Address) Midland - Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
Filed July 3, 1915 F. H. Charles REGISTRAR	20 UNDERTAKER DADDRESS AND Exchorn Donalding			
If more blanks are needed, address State Regis	trar, 6 E. Manklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis napt neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaeetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nuere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine defibitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head "Semile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For vio-



[Approved by U. S. Census and American Public Realth Association.]

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